



State of Connecticut  
Department of Public Safety  
Division of State Police  
DPS-90-C (Rev. 04/03)

## CRIMINAL INFORMATION SUMMARY

☐ ADDITIONAL PAGES

ROOP/UNIT: CSP Troop A OTHER INVOLVED AGENCY: ☐ NO ☒ YES  
 DATE: 04/13/04 TIME: 0940 INVESTIGATING TROOPER/OFFICER: TFC Morrone #355 DPS CASE NUMBER: DPS03-062187

LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):

Waterbury Superior Court GA4 400 Grand St. Waterbury, CT

SUMMARY OF INCIDENT OR AFFIDAVIT:

☒ ARREST MADE ☐ UNDER INVESTIGATION

Accused arrested based on a GA4 Arrest Warrant. Accused taken into custody at her home without incident. The Arrest Warrant was based on an investigation from 12/04/03, where the Accused made a cell phone threat to Waterbury Superior Court stating that the toilet paper in the building was poisoned. There was no actual poison. No other suspects. Case Closed.

VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)

NAME/BUSINESS/AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Waterbury Superior Court	400 Grand St Waterbury, CT	AGE:	
NAME/BUSINESS/AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		AGE:	
NAME/BUSINESS/AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		AGE:	

ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)

NAME: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	DOB: 04/26/47	ADDRESS: 11-2 Glenridge Rd. Waterbury, CT.
CHARGES:	COURT: GA: 4	BOND: <input type="checkbox"/> CASH <input checked="" type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA
1. 53a-180 Falsely	TOWN: Waterbury	AMOUNTS: \$500.00
2. Reporting an Incident	DATE: 04/21/04	<input type="checkbox"/> TO BE PRESENTED AT COURT
3.		<input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:
4.		

NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:
CHARGES:	COURT: GA:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA
1.	TOWN:	AMOUNTS:
2.	DATE:	<input type="checkbox"/> TO BE PRESENTED AT COURT
3.		<input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:
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CHARGES:	COURT: GA:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA
1.	TOWN:	AMOUNTS:
2.	DATE:	<input type="checkbox"/> TO BE PRESENTED AT COURT
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NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:
CHARGES:	COURT: GA:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA
1.	TOWN:	AMOUNTS:
2.	DATE:	<input type="checkbox"/> TO BE PRESENTED AT COURT
3.		<input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:
4.		

SUPERVISOR'S APPROVAL REQUIRED: INITIALS: *[Signature]* ID #: *253* DATE: 04-13-04

THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS.  
 FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.  
 PHONE: 860-685-8230 FAX: 860-685-8301 TO BE